24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
INFORMED CITIZENS				
	C C00622951			
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
Ghost Communications	10 31 2016			
Mailing Address 5512 Highwood Dr	Amount			
City State Zip Code	1250.00			
Edina MN 55436	Transaction ID : SE.5491			
Purpose of Expenditure Public Relations Category/ Type 004	Date of Disbursement or Obligation 10 07 2016			
Name of Federal Candidate Support Offi	ice Sought: House District:			
DONALD J. TRUMP FOR PRESIDENT INC	recession Senate State:			
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify)			
Full Name of Payee	Date of Public Distribution/Dissemination			
Graham Immerman	M M / D D / Y Y Y Y			
Mailing Address 55 Indian Hill	10 31 2016			
	Amount			
City State Zip Code	1000.00			
Florence MA 01062	Transaction ID : SE.5492 Date of Disbursement or Obligation			
Purpose of Expenditure Media consultation Category/ 004	10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Neura of Faderal Candidate				
DONALD J TRUMP FOR PRESIDENT INC	ice Sought: House District:			
DONALD J. TROMP FOR PRESIDENT, INC., , ,	resident Senate State:			
Calendar Year-To-Date Per Election for Office Sought Dis 20	Sbursement For: Primary General Other (specify) Other (specify) ✓			
(a) SUBTOTAL of Itemized Independent Expenditures	2250.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Merck, Wilhelm, , , [Electronically Filed] Date	11 04 2016			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TI EXI EITE	1101120		PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
INFORMED CITIZENS				C C00622951
Check if 24-hour report 🗶 48-hour report	X New rep	oort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Graham Immerman			M	Public Distribution/Dissemination
Mailing Address 55 Indian Hill			Amoun	10 31 2016 t
City Florence	State MA	Zip Code 01062	Transa	1000.00 ction ID : SE.5495
Purpose of Expenditure Media consultation	IVIA	Category/	Date of	f Disbursement or Obligation
Name of Federal Candidate		Type 004	Office Sought:	
DONALD J. TRUMP FOR PRESIDENT, INC., , ,		x Oppose	✗ Presider	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11591.50	Disbursement 2016 Oth	For: Primary X General mer (specify) ▶
Full Name of Payee Hackett Creative			M	f Public Distribution/Dissemination
Mailing Address 232 Argilla Rd			Amoun	
City Ipswich	State MA	Zip Code 01938		8341.50 Etion ID : SE.5493
Purpose of Expenditure Video production		Category/ Type 004	М	f Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought	: House District:
DONALD J. TRUMP FOR PRESIDENT, INC., , ,		X Oppose	X Preside	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	8341.50	Disbursement 2016 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			9341.50
(b) SUBTOTAL of Unitemized Independent Expend				3341.50
(,,				4 4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Merck, Wilhelm, , , Signature	[Electron	nically Filed] Date	9 11	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼			
INFORMED CITIZENS	C00622951			
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y			
Full Name of Payee Pessolano, Angela, , ,	ublic Distribution/Dissemination			
Mailing Address 141 Louis Rd	31 2016			
Amount				
City State Zip Code Springfield MA 01118 Transacti	1000.00 on ID : SE.5494			
Purpose of Expenditure Public Polations Category/ Ca	bisbursement or Obligation 17 2016			
Name of Fodoral Condidate				
DONALD J. TRUMP FOR PRESIDENT, INC., , , Support Office Sought: **Oppose **President**	House District:			
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	or: Primary X General			
Full Name of Payee Date of P	Public Distribution/Dissemination			
Mailing Address Amount				
City State Zip Code	7			
Purpose of Expenditure Category/ Type Date of D	Disbursement or Obligation			
Name of Federal Candidate Support Office Sought: Oppose President	House District:			
Calendar Year-To-Date Per Election for Office Sought				
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 5			
(c) TOTAL Independent Expenditures	12591.50			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			